

County: Eau Claire
 FAIRCHILD HEALTHCARE CENTER, INC.
 331 NORTH STREET, P.O. BOX 99

Facility ID: 3300

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FAIRCHILD 54741 Phone:(715) 334-4311
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 48
 Total Licensed Bed Capacity (12/31/02): 48
 Number of Residents on 12/31/02: 23

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 27

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		17.4
Supp. Home Care-Personal Care	No					More Than 4 Years		52.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.3			30.4
Day Services	No	Mental Illness (Org./Psy)	43.5	65 - 74	21.7			-----
Respite Care	Yes	Mental Illness (Other)	8.7	75 - 84	21.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	95.7	-----		
Transportation	No	Cerebrovascular	17.4		-----	RNs		16.5
Referral Service	No	Diabetes	13.0	Sex	%	LPNs		6.3
Other Services	No	Respiratory	4.3	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.7	Male	47.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	52.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care		No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care		1	100.0	272	19	100.0	111	1	100.0	112	2	100.0	115	0	0.0	0	0	0.0	0	23	100.0
Intermediate		---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care		---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care		---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care		---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled		---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total		1	100.0		19	100.0		1	100.0		2	100.0		0	0.0		0	0.0		23	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02													

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total						
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents						
Private Home/No Home Health	16.7	Bathing		8.7	69.6		21.7		23						
Private Home/With Home Health	12.5	Dressing		17.4	60.9		21.7		23						
Other Nursing Homes	8.3	Transferring		34.8	52.2		13.0		23						
Acute Care Hospitals	62.5	Toilet Use		21.7	52.2		26.1		23						
Psych. Hosp.-MR/DD Facilities	0.0	Eating		65.2	26.1		8.7		23						
Rehabilitation Hospitals	0.0	*****													
Other Locations	0.0														
Total Number of Admissions	24	Continence			% Special Treatments				%						
Percent Discharges To:		Indwelling Or External Catheter			8.7		Receiving Respiratory Care		34.8						
Private Home/No Home Health	21.2	Occ/Freq. Incontinent of Bladder			60.9		Receiving Tracheostomy Care		0.0						
Private Home/With Home Health	18.2	Occ/Freq. Incontinent of Bowel			21.7		Receiving Suctioning		0.0						
Other Nursing Homes	6.1						Receiving Ostomy Care		8.7						
Acute Care Hospitals	12.1	Mobility					Receiving Tube Feeding		0.0						
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained			8.7		Receiving Mechanically Altered Diets		43.5						
Rehabilitation Hospitals	0.0														
Other Locations	3.0	Skin Care					Other Resident Characteristics								
Deaths	39.4	With Pressure Sores			0.0		Have Advance Directives		52.2						
Total Number of Discharges		With Rashes			0.0		Medications								
(Including Deaths)	33						Receiving Psychoactive Drugs		82.6						

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities															

		This Facility	Ownership: Proprietary		Bed Size: Under 50		Licensure: Skilled		All						
		%	Peer Group		Peer Group		Peer Group		Facilities						
			% Ratio		% Ratio		% Ratio		% Ratio						
Occupancy Rate: Average Daily Census/Licensed Beds		56.3	84.7	0.66	84.3	0.67	85.3	0.66	85.1 0.66						
Current Residents from In-County		30.4	81.6	0.37	74.1	0.41	81.5	0.37	76.6 0.40						
Admissions from In-County, Still Residing		8.3	17.8	0.47	26.0	0.32	20.4	0.41	20.3 0.41						
Admissions/Average Daily Census		88.9	184.4	0.48	97.7	0.91	146.1	0.61	133.4 0.67						
Discharges/Average Daily Census		122.2	183.9	0.66	97.5	1.25	147.5	0.83	135.3 0.90						
Discharges To Private Residence/Average Daily Census		48.1	84.7	0.57	33.1	1.46	63.3	0.76	56.6 0.85						
Residents Receiving Skilled Care		100	93.2	1.07	94.6	1.06	92.4	1.08	86.3 1.16						
Residents Aged 65 and Older		95.7	92.7	1.03	98.3	0.97	92.0	1.04	87.7 1.09						
Title 19 (Medicaid) Funded Residents		82.6	62.8	1.32	57.5	1.44	63.6	1.30	67.5 1.22						
Private Pay Funded Residents		8.7	21.6	0.40	36.6	0.24	24.0	0.36	21.0 0.41						
Developmentally Disabled Residents		0.0	0.8	0.00	0.8	0.00	1.2	0.00	7.1 0.00						
Mentally Ill Residents		52.2	29.3	1.78	34.4	1.52	36.2	1.44	33.3 1.56						
General Medical Service Residents		8.7	24.7	0.35	17.7	0.49	22.5	0.39	20.5 0.42						
Impaired ADL (Mean)		44.3	48.5	0.91	49.4	0.90	49.3	0.90	49.3 0.90						
Psychological Problems		82.6	52.3	1.58	50.4	1.64	54.7	1.51	54.0 1.53						
Nursing Care Required (Mean)		10.9	6.8	1.60	7.2	1.51	6.7	1.61	7.2 1.51						